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James

An Inaugural Dissertation
on
Hysteritis.

John S. Irwin

admitted March 20. 1810

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Preliminary to commencing this essay, I thought it most proper, to state the plan, which I intend to pursue in the following pages; in order that it may render the piece more intelligible.

First.— I shall endeavour to point out the difference, and manner of distinction, between hysteritis, and febris puerperarum.

Secondly— I shall proceed with a history of the causes, and diagnostic symptoms of hysteritis, (which is principally the subject of this dissertation;) and, finally— with the method of cure, which appears to me the most appropriate to the disease in question.—

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Of the difference, and manner of distinction, between hysteritis and febris puerperarum.

Women after delivery, are subject to a variety of tedious, troublesome, and dangerous complaints; amongst which are enumerated, inflammation of the uterus, and puerperal fever.

From the variety of the descriptions, and difference of the treatment, laid down by authors on these subjects, the young practitioner often finds himself at a loss, to determine with correctness and precision, on the mode of procedure.

Many of the diseases of parturient women, were till lately not at all understood, indeed, scarcely known to exist. This may in part be accounted for, from the circumstance that untill within the last century, the care and management of parturient women, were entirely confided to the slender judgement of their own sex; and, no doubt, they considered it their interest, to keep

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concealed from physicians, every thing relative to their diseases they, possibly could.

Sydenham was the first, I believe, who introduced midwifery as a branch of medical science among physicians; untill his time, but very little was known of most of the diseases of parturient women, and as little of inflammation of the uterus, and puerperal fever, as any other.

The accounts given of those two diseases, are (for the most part) so unsatisfactory, that it often places the young practitioner in a difficulty to distinguish between them. It is important that they should be correctly distinguished.

Inflammation of the uterus, is much the most frequent, but by far, the least fatal of the two. Some soreness and swelling of the abdomen, with some febrile action of the pulse, succeeding parturition, is too apt to receive the appellation of puerperal fever. From the various offices of the uterus, the frequent difficulties during labour, and

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(when confided to the care of ignorant midwives,) the improper treatment after parturition; it is not astonishing, that inflammation of this viscus, & the neighbouring parts, should be a frequent occurrence.

Many cases of inflammation of the uterus, are compared (not however without some degree of resemblance) with those of puerperal fever; both in the violence of the symptoms, and the disease itself, but the puerperal fever is the most fatal, as it is the most violent of the two. From the situation of the uterus, we know that inflammation, can be readily communicated to the peritoneum &c; when this obtains it constitutes puerperal fever.

For the most part, we find those women most subject to the latter disease, who have passed easily through labour, and have, from a confidence in their own safety, used improper food, or exposed themselves imprudently; while

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in the entire hysterics follows difficult labor, and those cases in which some violence has been used to the uterus itself. There is a marked difference in the forms of attack of these two disorders. The pulse in either is not to be considered as a proper guide, to regulate the practice in administering these remedies, as it bears but little to the progress of the disease. When the uterus alone, is the seat of inflammation, the pulse is more rapid and hard, and full, but not so quick and frequent as in puerperal fever. The swelling of the abdomen in the latter differs considerably from that of the former disease; for, instead of finding a rather firm body immediately in the region of the uterus, as in hysterics, we perceive generally in the thin, from the greatest part of the abdomen, is at the whole, rather tense and elastic. Fever puerperum is said to be somewhat epidemic, a few years, as on this

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appears to have been the case in a lunatic asylum of Pennsylvania; this is more the case with hysteria. [illegible] ascites or anasarca.

After these few general remarks on the diseases [illegible] I shall proceed with a brief [illegible] the symptoms, and most approved mode of treating hysteria.

"Hysteria may arise from several causes, as a disparity of size between the child and pelvis, from unfavourable deliveries, under the accoucheur, in consequence of the placenta, the [illegible] caused action of the uterus in the body of the child, and the great pressure made by the child's head on the soft parts of the mother in contact with it. Of these causes may be added, exposure to cold, being very

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the patient from bed too soon after delivery; which may act as an exciting cause to the then existing, or originating irritation.

The uterus may also be the seat of inflammation, but the ovaries and appendages often participate in it. If the disease is permitted to pursue its course, the inflammation is most generally communicated to the peritoneum in a greater or less degree; the pulse then varies, and from being hard, tense, and full, as it was in the commencement of the disease, it becomes quick, small, frequent, and irregular; presenting in almost every pulsation, that kind of pulse peculiar to peritoneal inflammation.

This disease most commonly attacks women of a full and plethoric habit of body, rather than those of lax fibres and delicate constitution; and those women who have led inactive lives, and indulged freely in the

* The pain can be easily distinguished from after-pains; it increases in violence, gradually & has no intermissions as is the case in after-pains.

use of spirituous liquors, are often the subjects of it.

The inflammation is first discovered by pain and uneasiness in the hypogastric region, the part is tender to the touch, acute pain is felt in extending the back & groins, the bladder becomes irritable, and force accompanies the pass[illegible]. The inflammation occasioned by wounds of the uterus, is dangerous in proportion to the extent and the effect produced by them.

When inflammation attacks the uterus after parturition it is most generally perceived about the second or third day; in placing the hand, on the lower part of the abdomen immediately above the pubes, the uterus can be felt hard, and somewhat tumefied; the lochia, and secretion of milk are in proportionally small quantity, according to the violence of the inflammation, the urine is high coloured and retention has occurred

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This disease is sometimes ushered in with a chill; when this is the case, there is soon afterwards an increase of heat over the whole body, there is pain in the head and back, extending to the loins, considerable thirst, and sometimes nausea and vomiting.

If the inflammation be not speedily conquered suppuration succeeds; after which, death most commonly puts a period to the sufferings of the unfortunate patient.

Upon dissecting the uterus of a woman, who has died of this disease, pus will most generally be found to follow the knife; when the uterus is in this state the fallopian tubes and ovaria are almost invariably found in a state of high inflammation, if not suppuration. When inflammation attacks the uterus, the fallopian tubes may also very

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readily become affected and participate equally with the uterus in the disease. In consequence of the inflammation adhesions may take place at the fimbriated extremities of the tubes; when this occurs in both of them, sterility must of necessity be the consequence, the uterine extremities of the tubes, may also be obliterated in the same way, and an effusion of semen may take place, in the cavity between the adhesions constituting dropsy of the fallopian tubes.

Frequent rigors succeeded by flushing of the face, a weak, quick and irregular pulse, great diminution of strength, delirium, and the sudden cessation of the pain & tenderness of the abdomen, denote a fatal termination; while on the contrary the occurrence of a gentle diarrhœa, & diaphoresis, the secretions returning to their natural quality and quantity, the parts affected becoming gradually less pain-

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-ful to the touch, with an abatement of febrile action, announce a favourable issue.

Gangrene and mortification are very seldom, if ever the result of this disease; it is most probable that it never terminates in this way; when the disease terminates fatally it is from the general effects of the inflammation of the uterus and its appendages, on the system.

When, from instrumental delivery, or any cause acting immediately on the internal parts of the uterus, inflammation takes place, provided it be not carried to any great extent it may be confined to this part entirely, but when the whole body of the uterus is under a state of inflammation, it is most probable that the peritoneal covering of the uterus, and the parts adjacent to it participate in it: but not to an extent, that can strictly be called puerperal fever.

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I shall now proceed with an account of the Treatment — which appears to me best calculated to overcome this disease.

By an early attention to the symptoms, we may often be enabled to subdue them, and prevent the inflammation from progressing to any dangerous extent. As this is an active inflammation, an immediate and speedy care should be directed to the diminishing the action of the heart and arteries. For this purpose venesection is absolutely necessary; the quantity of blood to be abstracted, should be regulated by the violence of the symptoms, the age and habits of the patient. The effect of venesection in this disease is always greater, in proportion to the quantity taken at one time; small portions of blood, may be abstracted at intervals without producing any sensible or permanent effect on the disease; while, on the contrary had the patient suffered one copious bleeding in the

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commencement of the disease under the same circumstances, the foundation of a speedy cure might in all probabilities have been effected.

We are not then, to hesitate in taking twenty, thirty or even fifty ounces of blood, if the system will bear it, [illegible] a sure guide in this disease, the [illegible] be [illegible] until a remission or considerable abatement of the pain without such symptoms should interpose, as [illegible] blood [illegible]. If a repetition becomes necessary [illegible] be, [illegible] be [illegible] circumstances [illegible] be [illegible] in the [illegible] robust women a relation [illegible] seldom becomes necessary but in those, [illegible] on [illegible] consideration the [illegible] of a number of leeches to the abdomen [illegible] answer the purpose equally well without [illegible] consequences which might result from the [illegible] of the

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Fomentations are recommended by some authors; such as a decoction of poppy heads, or an infusion of one of the bitters, which are used with a view to relax the bowels and relieve the pain. The body these remedies are often indiscreetly used and I think on the whole more harm than good when there is a danger of a disease terminating in suppuration, I think they are hurtful, by their tendency to promote it; but in the early stages and when there is no fear of the inflammation terminating in suppuration, they may I think be used with advantage; flannel clothes wrung out of warm water and applied to the pudenda of the bitch I have always found such circumstances pleasant and comfortable to the patient, and in doubtful cases may be used without the risk of injury. Fomentations are a popular remedy among women with the

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fend the bowels desirous sparing or detect ; They may no doubt under circumstances prove a useful remedy.

Purging in this as in most cases of inflammation is highly beneficial ; it should not however, be carried to too great an extent, the fecules and irritating matter should in the first instance be freely discharged, and the bowels through the whole course of the disease kept relaxed ; for this purpose, the neutral salts, senna tea or castor oil, may be used. The neutral salts, however are most generally preferred. The following will generally be found to answer the purpose very well

℞ Sulph: Sodæ ℥ii
Aqua: ferv: ℥viii
Succ: limon: ℥ß M. to give it a more agreeable flavour to sugar may be added, and a wineglassful of the solution may be taken every half hour until the required

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[illegible] is produced. The lemon juice corrects the nauseous taste of the salt, which, when taken in this vehicle is seldom rejected. Warm diluent drinks should be used, in order to aid the operation of the medicine; small doses of the same or Senna tea may be taken occasionally, through the course of the complaint, to keep the bowels open.

Emollient aperient clysters are also useful, in order to the comfort of the patient and [illegible] the intestines; linseed tea alone or with a small quantity of the sulphate of magnesia will answer very well; clysters in this case should not be used very warm [illegible], & not exceed two pints, again cautioning against anodyne [illegible] quality is not absolutely demanded.

Blisters in this disease as in most other inflammations, prove a highly valuable remedy; sometimes they [illegible] the inside

* Synazusma may in such cases be substituted, and in some cases perhaps with an equally good effect.

[illegible] on the bladder*; this is not probably [illegible] again; in [illegible] should we [illegible] with the [illegible] use of diluent mucilaginous drinks such as an infusion of the parsley root, or barley water with gum arabic. These drinks are best [illegible] while the disease [illegible] blistering be resorted to or not: When the [illegible] is severe the following formula will be found of service

℞ Camphor ʒ ss
Spts: nit: dulc ʒ j
Tinct: opii ʒ ss One of this two tea-spoonfuls may be taken every [illegible] in paroxysm or any convenient period until relief is obtained. If a suppression of urine is produced the catheter must also be used. After a free use of the tincture, blisters to the abdomen should not be neglected.

The use of diaphoretics has been strong

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-ly recommended. They are, no doubt of service but if care is not taken they lay the patient open to farther danger from the effects of cold. I'd consider them in this case doing good by diminishing arterial action, and determining to the surface; and as purging is a more powerful means, I would place more dependance on the latter.

It has been too common to think rather of the symptoms of disease and hence opium has been given, no doubt, to the injury of many patients. Its stimulating qualities are not at all suited to this disease in its highly inflammatory stage; it should therefore never be given in this disease until the inflammatory action has been moderated or subdued by venesection or purging, and even then it should only be used at intervals as when rest or quietude is absolutely necessary for the patient. The only certain means of relieving the pain, is by venesection.

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Should a spontaneous diarrhœa arise during the decline of the disease it should not be checked unless some rebel pain accompanies it or it proceeds with such violence as to exhaust the strength of the patient and thereby endanger life. In such a case the mucilaginous mixture should be used; if this is insufficient to check the violence of the diarrhœa, the following may be substituted.

℞ Mist: Cretæ ℥vi
Tinct: Kino
vel Catechu ℥iii ~~℥ss~~ of this one table=spoonfull may be exhibited every hour until the desired effect is produced; sometimes it may be necessary to add laudanum but the above is generally sufficient to accomplish the purpose.

During the disease the diet should be light and such as is easy of digestion. Thin gruel toast and water barley water &c. all such are proper,

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carefully avoiding all articles of a heating nature fermented liquors and anything containing animal juices. The prophylactic treatment is much of it generally necessary in all cases of severe inflammation.

In this disease, venesection is the great remedy by which the force and vigour of the inflammation must be combatted and overcome. Without this powerful remedy, this disease (if it may be permitted the expression) would be almost without a remedy; it is the chief conqueror, and all others are merely its auxilliaries.

After the inflammation is removed we are next to direct our attention to counteract its effects, to invigorating the system and general health of the patient; here the diet should be more generous and nourishing, free air and moderate exercise may be permitted, when the strength of the patient will admit of it, the tincture of gentian or colombo, or the chalybeate prep=

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=arations with bark, may be used as circum=
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Finis.